

Laisma Process Repails _ Eliza | New Spants | Bulentre Taken | Barockisten | Help

LName ANDERSON 16. Have youlor your office) previously treated patient? 「何文或 C No 16a. Treated under any health plan for this incident?」「何文成 C No-12 Injuried at Address 234 CONTRA COSTA BLD 14: Date Last Worked: 10/15/1999 🔟 Report Date: |10/21/1999 💌 E. Does employee have 2rd job? (のYes へ No D. Relevant lemme activities: WEEKEND FOOTBALL SKIING, SAILING C Description of present occupational duties: Heavy Liling B. Rutevant Past History, RECURRENT LUMBARSACHAL STRAINS A. Description: | UFTING A 408 PRODUCE BOX FROM THE FLOOR, WHEN I FELT SHARP BACK PAIN 17. Patron's Description of how the Accident of Exposure Occurred 15. Detai and hour of first examination or trackment | 10/17/1999 | | 109.00 | F.AM.C.PM. 16b. Health Plan News: BLUE CROSS If yes, Employed Name: MI ROSE SKI RESOR 2000:61546 apocad2 Workers Compensation Ok to Send Suspend SSN# 494-94-9494 DOI 10/16/1999 County CONTRA COSTA CAN CONCORD Date and Time 10/21/99 10:11:01 AM Work Status

Doctor's First Repor

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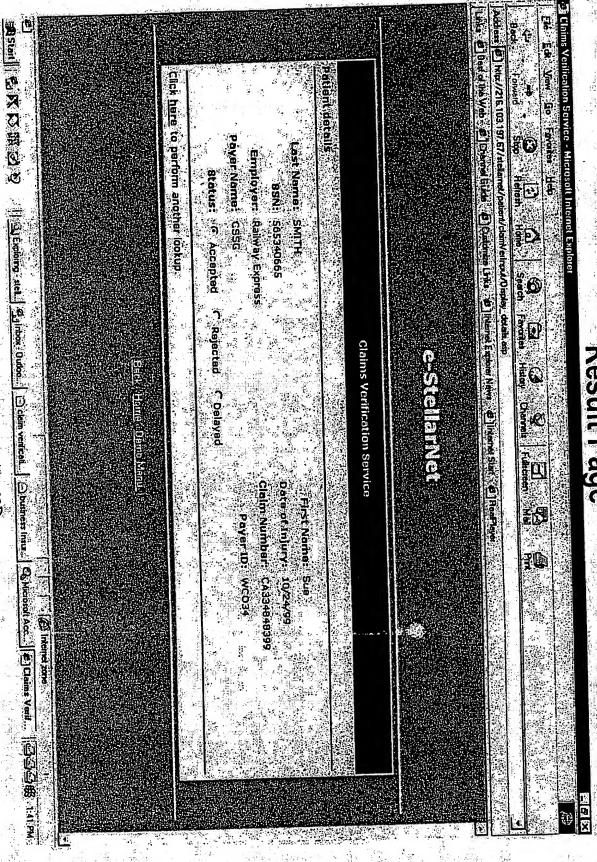
| 10日 日本 | 1018 AM

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Back Hame Derro Meru	Submite (Reset)	Payer Name : S	Date of injur	First Name: Sue		Claims Verification Service	e-Stellarinet	a Internal Start & RealPlayer	Charmets Full-community Full-communi	
		e : SSG	Date of Injury : 10-24-1999							

FIGURE 8 P

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Result Page



FIBURE 8B

Aiet Email

9 8 X 8 8 support@estellamet.com Salurday, December 04, 1999 1:22 AM SUNINY@CSWLCOM ESTELLARNET EARLY CLAIMS ALERT. -- TEST MAIL-

Date 12/3/99
Last Name BOYD
First Name JOSEPH
Social Security : 55/4117231
Date of linjury : 04/27/99
Employer MCMILLAN TECH
Payer CMMC

FIGURE 80

Microsoft Demo

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